

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033321

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 180

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0975

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall, Missouri</u> | | Length of stay in lb <u>45 min.</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>527 Leroy St.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>FRANCES</u> Middle <u>GANELLE</u> Last <u>CHILDERS</u> | | 4. DATE OF DEATH Month <u>SEPT.</u> Day <u>1,</u> Year <u>1962</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>9/1/1920</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | 11. BIRTHPLACE (City and state or country) <u>Howard County, Md. U.S.A.</u> |
| 12. CITIZEN OF WHAT COUNTRY | | 13. FATHER'S NAME <u>Elbert Lee Robb</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>William E. Childers</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | |
| 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT <u>William E. Childers, Slater, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generally Carcinomatous</u> DUE TO (b) <u>Carcinoma Bladder</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>7-3-62</u> to <u>9-1-62</u> and last saw her <u>alive</u> on <u>9-1-62</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>James C. Reed</u> (Degree or title) | | 22b. ADDRESS <u>Marshall Mo</u> | |
| 22c. DATE SIGNED <u>9-2-62</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>9/1/1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Howard County, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Salph A. Carr</u> ADDRESS <u>Fayette, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>9-2-62</u> | 26. REGISTRAR'S SIGNATURE <u>Carl G. Reed</u> |

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.